

<i>SERFF Tracking Number:</i>	<i>AMLC-125780431</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United American Insurance Company</i>	<i>State Tracking Number:</i>	<i>39968</i>
<i>Company Tracking Number:</i>	<i>TMK0830</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Display Board</i>		
<i>Project Name/Number:</i>	<i>Advertisement/TMK0830</i>		

## Filing at a Glance

Company: United American Insurance Company

Product Name: Display Board

SERFF Tr Num: AMLC-125780431 State: ArkansasLH

TOI: MS051 Individual Medicare Supplement -  
Standard Plans

SERFF Status: Closed

State Tr Num: 39968

Sub-TOI: MS051.001 Plan A

Co Tr Num: TMK0830

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Diane Breeding

Disposition Date: 09/17/2008

Date Submitted: 08/18/2008

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Advertisement

Status of Filing in Domicile: Pending

Project Number: TMK0830

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/17/2008

State Status Changed: 09/17/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Individual Medicare Supplement Booth Display Board Advertisement

## Company and Contact

### Filing Contact Information

Diane Breeding, Assistant Analyst

dbreeding@torchmarkcorp.com

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3700 S. Stonebridge Drive	(972) 569-3295 [Phone]
McKinney, TX 75070	(972) 569-3728[FAX]

**Filing Company Information**

United American Insurance Company	CoCode: 92916	State of Domicile: Nebraska
P.O. Box 8080	Group Code: 290	Company Type: Life and Health
McKinney, TX 75070-8080	Group Name: Liberty National	State ID Number:
(972) 529-5085 ext. [Phone]	FEIN Number: 73-1128555	
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SERFF Tracking Number: AMLC-125780431 State: Arkansas  
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Company Tracking Number: TMK0830  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans  
Product Name: Display Board  
Project Name/Number: Advertisement/TMK0830

## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation: Domicile state Nebraska does not have retaliatory fee.

Filing Fee is \$25.00 per advertisement times 1 advertisement equals \$25.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$25.00	08/18/2008	21996613

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Stephanie Fowler	09/17/2008	09/17/2008

<i>SERFF Tracking Number:</i>	<i>AMLC-125780431</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Advertisement/TMK0830</i>		

## **Disposition**

Disposition Date: 09/17/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMLC-125780431</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Advertisement/TMK0830</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Cover Letter	Accepted for Informational Purposes	Yes
<b>Supporting Document</b>	NAIC Transmittal	Accepted for Informational Purposes	Yes
<b>Supporting Document</b>	Filing Fee Schedule	Accepted for Informational Purposes	Yes
<b>Form</b>	Booth Display Board	Filed	Yes

<i>SERFF Tracking Number:</i>	<i>AMLC-125780431</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Advertisement/TMK0830</i>		

## Form Schedule

**Lead Form Number:** TMK0830

<b>Review Status</b>	<b>Form Number</b>	<b>Form Type</b>	<b>Form Name</b>	<b>Action</b>	<b>Action Specific Data</b>	<b>Readability</b>	<b>Attachment</b>
Filed	TMK0830	Advertising Booth	Display Board	Initial		0	TMK0830.pdf

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Attachment "TMK0830.pdf" is larger than 3MB and cannot be reproduced here.



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<i>Company Tracking Number:</i>	<i>TMK0830</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement - Standard Plans</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
<i>Product Name:</i>	<i>Display Board</i>		
<i>Project Name/Number:</i>	<i>Advertisement/TMK0830</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLC-125780431 State: Arkansas  
Filing Company: United American Insurance Company State Tracking Number: 39968  
Company Tracking Number: TMK0830  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans  
Product Name: Display Board  
Project Name/Number: Advertisement/TMK0830

## Supporting Document Schedules

**Satisfied -Name:** Cover Letter **Review Status:** Accepted for Informational 09/17/2008  
Purposes

**Comments:**

**Attachment:**

AR TMK0830 Cover Letter.pdf

**Satisfied -Name:** NAIC Transmittal **Review Status:** Accepted for Informational 09/17/2008  
Purposes

**Comments:**

**Attachment:**

AR TMK0830 NAIC.pdf

**Satisfied -Name:** Filing Fee Schedule **Review Status:** Accepted for Informational 09/17/2008  
Purposes

**Comments:**

**Attachment:**

AR TMK0830 Filing Fee Schedule.pdf

# *united american insurance company*

August 18, 2008

Honorable Julia Benafield Bowman  
Commissioner of Insurance  
Compliance – Life and Health  
1200 West Third Street  
Little Rock, AR 72201-1904

NAIC# 290-91472  
FEIN# 63-0782739  
RE: Form TMK0830 – Life and Health Display Advertisement  
NAIC Transmittal Document  
Filing Fee Schedule C-AR3

Attached for your review and approval is one (1) copy of the TMK0830 – Life and Health Display Advertisement. This form is being submitted as an invitation to inquire.

This advertisement is to be used as a display board for a booth at trade shows, seminars, and health expos. The display board advertisement will be used to demonstrate products available approved by your Department of Insurance sold on an individual basis by licensed agents of United American and Liberty National Life insurance companies.

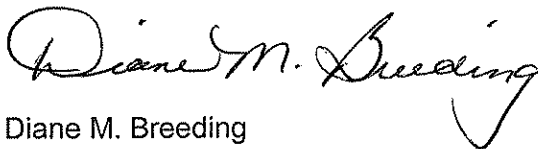
This booth display board advertisement is being filed in all states where the Company does business, and for domiciliary approval in the State of Nebraska.

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I hereby certify there will be no deviation from the printers proof submitted and the final printed booth display board.

If you have any questions or comments regarding this submission, please call collect (972) 569-3295, or feel free to send an e-mail to [dbreeding@torchmarkcorp.com](mailto:dbreeding@torchmarkcorp.com).

Sincerely



Diane M. Breeding  
Assistant Analyst

## Life, Accident &amp; Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	ARKANSAS					
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2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	United American Ins. Co. P.O. Box 8080 McKinney, TX 75070	Nebraska		290	92916	73-1128555	N/A

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Diane M. Breeding P.O. Box 8080 McKinney, TX 75070	972-569-3295	972-569-3728	dbreeding@torchmarkcorp.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
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6.	Company Tracking Number	TMK0830					
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____					
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise					
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____				

9.	Type of Insurance	MS05I					
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10.	Product Coding Matrix Filing Code	MS05I.001					
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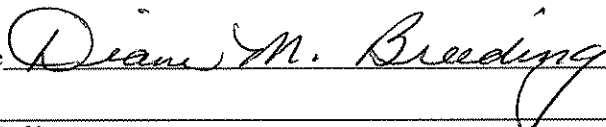
  

11.	Submitted Documents	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>FORMS</b>  <input type="checkbox"/> Policy      <input type="checkbox"/> Outline of Coverage      <input type="checkbox"/> Certificate  <input type="checkbox"/> Application/Enrollment      <input type="checkbox"/> Rider/Endorsement      <input checked="" type="checkbox"/> Advertising  <input type="checkbox"/> Schedule of Benefits      <input type="checkbox"/> Other _____         </div> <div style="border: 1px solid black; padding: 5px;"> <b>Rates</b>  <input type="checkbox"/> New Rate      <input type="checkbox"/> Revised Rate         </div> <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____					
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		<b><u>SUPPORTING DOCUMENTATION</u></b>					
		<input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____					

12.	Filing Submission Date	August 18, 2008	
13.	Filing Fee (If required)	Amount _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Date _____ Check Number _____
14.	Date of Domiciliary Approval	Pending	
15.	Filing Description:		
	<p>NAIC# 290-91472  FEIN# 63-0782739  RE: Form TMK0830 – Life and Health Display Advertisement  NAIC Transmittal Document  Filing Fee Schedule C-AR3</p> <p>Attached for your review and approval is one (1) copy of the TMK0830 – Life and Health Display Advertisement. This form is being submitted as an invitation to inquire.</p> <p>This advertisement is to be used as a display board for a booth at trade shows, seminars, and health expos. The display board advertisement will be used to demonstrate products available approved by your Department of Insurance sold on an individual basis by licensed agents of United American and Liberty National Life insurance companies.</p> <p>This booth display board advertisement is being filed in all states where the Company does business, and for domiciliary approval in the State of Nebraska.</p> <p>I hereby certify there will be no deviation from the printers proof submitted and the final printed booth display board.</p> <p>If you have any questions or comments regarding this submission, please call collect (972) 569-3295, or feel free to send an e-mail to <a href="mailto:dbreeding@torchmarkcorp.com">dbreeding@torchmarkcorp.com</a>.</p>		

16.	Certification (If required)	
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>ARKANSAS</u>.</p>		
Print Name <u>Diane M. Breeding</u>		Title <u>Assistant Analyst</u>
Signature <u></u>		Date: <u>August 18, 2008</u>

17.	<b>Form Filing Attachment</b>	
This filing transmittal is part of company tracking number		TMK0830
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Individual Medicare Supplement	TMK0830	<input checked="" type="checkbox"/> Initial	N/A
	Advertising Booth Display Board		<input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

ATTN: LIFE &amp; HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

COMPANY NAME: United American Insurance CompanyCOMPANY NAIC CODE: 73-1128555COMPANY CONTACT PERSON & TELEPHONE # Diane M. Breeding – (972) 569-3295INSURANCE DEPARTMENT USE ONLY

ANALYST: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ ROUTE SLIP: \_\_\_\_\_

ALL FEES ARE PER EACH INSURER. PER ANNUAL STATEMENT LINE OF BUSINESS. UNLESS OTHERWISE INDICATED.

## FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

\* \_\_\_\_\_ x \$ 50 = \_\_\_\_\_

\*\*Retaliatory \_\_\_\_\_

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

\* \_\_\_\_\_ x \$ 50 = \_\_\_\_\_

\*\*Retaliatory \_\_\_\_\_

Life and/or Disability Policy, contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

\* \_\_\_\_\_ x \$ 20 = \_\_\_\_\_

\*\*Retaliatory \_\_\_\_\_

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

\* 1 x \$ 25 = \$25.00

\*\*Retaliatory \_\_\_\_\_

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority.

\* \_\_\_\_\_ x \$400 = \_\_\_\_\_

Filing to amend Certificate of Authority.

\*\*\* \_\_\_\_\_ x \$100 = \_\_\_\_\_

\* THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.

\*\* THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

\*\*\* THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.

(C-AR3)